

**RENNIE GROVE HOSPICE CARE**  
**TRUSTEES' ANNUAL REPORT AND FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**Registered Company Number 07479930**  
**Registered Charity Number: 1140386**

**RENNIE GROVE HOSPICE CARE  
TRUSTEES REPORT AND FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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**RENNIE GROVE HOSPICE CARE  
REFERENCE AND ADMINISTRATIVE DETAILS  
FOR THE YEAR ENDED 31 MARCH 2021**

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<b>Charity Name</b>	Rennie Grove Hospice Care	
<b>Charity Number</b>	1140386	
<b>Company Number</b>	07479930	
<b>Registered Office</b>	Grove House Waverley Road St Albans Hertfordshire, AL3 5QX	
<b>Trustees</b>	Prof S Spiro (Chairman) Mr C Inman OBE (Vice Chairman) Mr J Wroe (Treasurer) Mr S Hamill Mr M Ferguson Dr A Wainwright Mrs J Macleod Dr L Baillie Mrs P Nightingale MBE Mr E Pillinger Mr G Upward	
<b>Company Secretary</b>	Mrs J MacLeod	
<b>Chief Executive Senior Management</b>	Mr DS Marks Ms R Ahmad Mrs D Gould Mrs T Hancock Mrs S Howard Mrs K Pezet Mrs P Pickersgill Mrs P Scott	
<b>Auditors</b>	Haysmacintyre LLP 10 Queen Street Place London, EC4R 1AG	
<b>Bankers</b>	Barclays Bank plc 22-24 Upper Marlborough Road, St Albans, Herts AL1 3AL	
<b>Solicitors</b>	Sherrards Solicitors 45 Grosvenor Road St Albans Herts, AL1 3AW	Matthew Waite & Co Ariel House Frogmore Street Tring, Herts, HP23 5AU

## **Our Year in Review**

Well! What a difficult year with Coronavirus (COVID-19) causing the first lockdown just as our 2019-20 year was coming to an end. After a very successful year with a record income, record number of patients and families cared for, excellent levels of satisfaction amongst those we looked after, it all had to change.

The immediate worries were for the safety of our staff, and indeed their families, in the face of an unpredictable anticipated rise in COVID-19 cases within the community. We took rigorous steps to ascertain as carefully as possible the chances of a patient/family needing a visit being infected or having recent contact with the virus. We encouraged all our staff to work from home where possible and the clinicians were able to enter data remotely with their mobile devices. Once PPE became available, the intensity of pressure eased somewhat. Despite all this, and due to the excellent planning of Sam Howard, Director of Nursing & Patient Services, and the Senior Clinical Team, we were able to serve the community almost as normal. There were more "visits" via the telephone and in fact we learnt that remote care for many was a real possibility, increasing clinicians' efficiency providing more time for those who did need a visit.

With many not wishing to go to a hospital or even an in-patient hospice bed, our workload increased during the lockdowns and this pattern has persisted. The nursing staff in our adult teams have been amazing and one quote from a patient's family sticks in my mind. "When all the other support services we needed closed, Rennie Grove was always there!!".

The children's service was different, as most parents were very cautious about who visited and most "visits" were remote, although end of life (EOL) care remained hands on.

All in all, we have come through COVID-19 so far with distinction, although there is fatigue, holiday deprivation, and for some, loss of family time.

Financially, we produced a COVID-19 budget in March 2020 with a major reduction in anticipated expenditure as we looked to be facing a substantial deficit. All retail outlets were closed, all community fundraising and outside events were cancelled. We were able to furlough most of our retail staff and some fundraisers.

After a strong campaign for support lead by Hospice UK, HM Government agreed an £800m package for hospices over 12 months, but after the first quarter, stopped the scheme. Eventually in November 2020 they agreed a smaller package for the remaining 5 months of 2020-21. In all, we received £2.7m from HM Government, which together with furlough support, Retail and Hospitality grants and an amazing response from our supporters to an appeal early in 2020, this has resulted in our exceeding our predicted COVID-19 budget, and, in fact our reserves are stronger than before the pandemic started.

Our strong financial position was also due to severe cutbacks, as well as our strong local support. It is likely, however, that charities will find the next few years even tougher, with no central rescue packages, but we are determined to expand and be as creative as ever.



**RENNIE GROVE HOSPICE CARE  
CHAIRMAN'S REPORT  
FOR THE YEAR ENDED 31 MARCH 2021**

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Looking ahead, one hopes HM Government recognises the importance of EOL care and the role hospices play in NHS services and maybe better support will be forthcoming. The new NHS of larger Integrated Care Systems, instead of local Clinical Commissioning Groups, may allow organisations such as ours to develop leadership roles in our communities by actively participating in the planning of palliative care needs. This may also lead to increased statutory funding, which, for Rennie Grove hasn't changed in the 8 years I have been Chair.

The buzz word these days is "collaboration". Hospices tend to work in silos, but the pressures for many from COVID-19 is leading them to examine whether there are ways of working together, both to learn and to share skills or even staff and to increase both efficiency and serve more families.

To this end we are collaborating with Peace Hospice Care (PHC) in Watford in looking at joint day centre activities and in education. We are also in discussions with South Bucks Hospice about introducing our clinicians to work at Butterfly House, in High Wycombe, and to collaborate on day centre services there. The potential is enormous.

We completed the refurbishment of Grove House in June 2020, and the building looks fabulous. So different and so much better! Of course, we have been unable to fully open it, but currently can see patients on a one-to-one basis and our bereavement services are running well from there. We look forward to a formal opening and a much-increased use of the building.

As mentioned last year, the Rapid Personalised Care Service we are running, predominantly with PHC, continues to be a hugely useful and appreciated service, both for getting people out of hospital quickly and supporting those at home who need more care. We now employ our own carers and do more than 2000 visits a month. Unfortunately, Buckinghamshire CCG is going very slowly on starting a similar service!

Our volunteers have, in the main, had a tough year with little access to Rennie Grove. We have kept in touch as much as possible with Zoom seminars and updates, and have also held many virtual staff updates and question and answer sessions with our Chief Executive, Stewart Marks and myself.

There is still, though, much to be done. Only about 40% of the community access hospice based EOL care nationally, often far too late to offer the type of comprehensive service that is our aim. Those living with deprivation, the homeless and many families from ethnic minority communities do not access our type of care and we need to address this.

Everyone at Rennie Grove has stepped up this year and I am so grateful to all the staff and the volunteers.

**RENNIE GROVE HOSPICE CARE  
CHAIRMAN'S REPORT  
FOR THE YEAR ENDED 31 MARCH 2021**

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The Senior Management Team has managed to work very well, changing methods of working and embracing virtual technology for all meetings, via Zoom and MS Teams. In fact, this has been perfectly do-able, and work has proceeded almost as normal. I am so pleased that they have served us so brilliantly.

The Board of Trustees has been amazing, with almost every Trustee attending every meeting, continuing to run the sub-committees and always being critical, constructive and so involved. Rennie Grove is fortunate to have such a cohesive and committed Board, by far the best I have had the pleasure of sitting on.

At the end of last year's report, with COVID-19 locking us down I wrote that I hoped it would be a positive year. Indeed, in many ways it has, although for some it has been hard, frightening, and some have suffered losses to their families which can never be replaced.

In conclusion, we are, despite everything, in a very strong position moving forward.

**Professor Stephen Spiro**

Chairman

A handwritten signature in black ink, appearing to read 'Stephen Spiro', written in a cursive style.

The Board of Trustees presents its report and accounts for the year ended 31 March 2021 which comply with the requirements of *the Companies Act 2006*, the Charities Statement of Recommended Practice (SORP) and *the Charities Act 2011*.

The Trustees' Report incorporates the requirements of the Strategic Report, as required by *the Companies Act 2006* (Strategic Report and Directors' Report) Regulations 2013.

## OBJECTIVES AND ACTIVITIES

### Charitable Objects and Purpose

Rennie Grove Hospice Care provides care and support for adults, children and their families affected by cancer and other life-limiting illnesses from diagnosis, whether on a known curative pathway or not. Our offer is focused on interventions of care from self-management through to specialist palliative and end of life care. This can be accessed through day services at Grove House and our 24-hour Hospice at Home Service.

In line with the UK's independent hospice movement, Rennie Grove's services are provided at no cost to patients or their families. Nurses and clinicians provide specialist care as well as practical, hands-on nursing care for patients of all ages, both adults and children, with a range of terminal and life-threatening illnesses.

Rennie Grove's charitable purposes are set out in the objects contained in the company's Memorandum of Association. In Section 4, the objects are defined as 'the relief of sickness' and this is further defined in relation to the charitable purposes through a series of more detailed objects. The objects all support the Charity's purpose which is the provision of a specialist palliative nursing care service to patients with life-limiting illness.

### Public Benefit

Rennie Grove Hospice Care is a Public Benefit Entity. The Trustees confirm that they have complied with their duty under section 17 of the Charities Act 2011. They have considered the public benefit guidance published by the Charity Commission and believe that they have followed it. This report provides details of the areas of charitable activity undertaken by Rennie Grove Hospice Care.

The focus of our work is to ensure that patients living in north west Hertfordshire and the Chilterns area of Buckinghamshire with a palliative diagnosis have the choice about how and where they want to be cared for towards the end of life.

The community service at Rennie Grove provides services in line with the aim of the *End of Life Care Strategy (2008)* to provide services people need to enable them to be cared for at home and to die there if that is their choice. This is reflected in our Vision. It also accords with the recent Department of Health Publication, '*Our commitment to you for end of life care: the Government Response to the Review of Choice in End of Life Care (2016)*'.

### **Hospice at Home Adult Nursing Service**

The Rennie Grove Hospice at Home adult nursing service provides a 24-hour responsive nurse led service to patients living in the mid and south areas of Buckinghamshire and north west Hertfordshire. The day teams are locality based with two teams in Hertfordshire and three in Buckinghamshire and an overnight team provides cover across the entire area. The service employs 52 skilled nurses, 6 health care assistants and support staff with a range of skills. The teams are led by Clinical Nurse Specialists who manage caseloads of patients referred from groups of GP practices. They manage symptoms for patients and support for families and carers with teams of trained and experienced community nurses and health care assistants enabling patients to remain at home by providing practical, personal and supportive care. Rennie Grove nurses and clinicians work collaboratively with GPs, District Nurses and a range of other hospice and NHS providers and receive medical support from Palliative Care Consultants in Buckinghamshire and Hertfordshire.

Evaluation of responses to patient and carer satisfaction surveys demonstrates that patients and their families place a high value on 24-hour responsive on-call services and evidence from clinical audit suggests that this also enables more patients to remain at home and avoid unnecessary admission to hospital.

Over 91% of patients who express a wish to die at home achieve this within the care of Rennie Grove. The national average is 27%.

We saw a rise of 6% in the number of patients cared for by our hospice at home teams. External referrals referred to the service in the year were 2,150. 40% of our patients in 2020-21 did not have cancer as a primary diagnosis.

### **Hospice at Home Children's Nursing Service**

The Rennie Grove children's hospice at home nursing team provides palliative and end of life care and respite for children and young people up to the age of 19 with life-limiting and life-threatening illnesses. Many of these young patients have complex conditions other than cancer which require nurses to have excellent and wide-ranging clinical skills and expertise. The children's nursing team continues to care for increasing numbers of children at the end of their lives and this remains an important part of our work.

The respite element of the service provides parents, siblings and carers with essential breaks from unrelenting caring and the 24-hour element ensures the availability of nurses for home visits during crises if necessary. All elements and the associated advice and support are valued highly by families.

Improving the integration of services for children in our area and the transition of young people into adult services remain challenging, in part due to the different nature of services available. There are ongoing strategic plans to develop and provide services for young people in transition to meet some of the known challenges faced during this phase.



The Pepper Foundation continues to provide funding for this nursing team and these services are also funded by NHS England. The Pepper Foundation has supported the development of this service over many years and has committed to raise funds to support the service into the future. Rennie Grove is deeply grateful for this long term and committed engagement.

Throughout 2020-21 we cared for 67 children with life-limiting conditions.

### **Living Well Services**

Rennie Grove Hospice Care at Grove House provides care and support for patients and families affected by cancer and other life-limiting illnesses from diagnosis. Focused interventions of care to support self-management and wellbeing through to specialist palliative and end of life care are offered and can be accessed through day services at Grove House and the 24-hour Hospice at Home Service.

Patients attending Grove House Day Hospice can access specialist palliative care nurses, occupational therapists, complementary therapists and a physiotherapist. The team offers symptom control and coping strategies, enabling patients with advancing illness to live independently at home for longer.

Other services available at Grove House include specialist advice and support clinics, classes such as acupuncture, t'ai chi and yoga or our drop-in session for patients, carers and professionals. An 'Inspire' group has also been developed to help patients with long-term breathing difficulties.

Living Well services as group sessions were unable to take place during 2020-21 because of COVID-19 but where possible sessions were delivered at home to allow patients to continue to benefit from a holistic approach to improve their health and wellbeing.

### **Rapid Personalised Care**

Rapid Personalised Care is a fully funded statutory service commissioned by Herts CCG. Between 1 July 2020 and 31 March 2021 the service provided personal care for 316 patients making 21,209 visits enabling them to spend their last weeks at home. Care packages for 100% of the patients referred to the service began within 48 hours.

### **Family and Bereavement Support**

The Family Support Team provides a range of services for patients, families and carers. These include one-to-one work by qualified counsellors and Rennie Grove trained listeners, group work for carers and for the bereaved, and telephone support (from counsellors or listeners).

The Supporting Hands service offers practical support to families during illness, for example sitting with patients, light housework, befriending and support services. This Team works alongside all the nursing and clinical teams, offering support for families facing the loss of a loved one and enabling care to be extended into the post-bereavement period.

Despite the challenges of COVID the team made 2,261 visits and 3,946 phone calls to patients, carers and bereaved people during 2020-21 to ensure they received help and support where and when it was needed.

### **Professional Development**

Excellent training and support are vital to the professionalism of the nursing and clinical teams so that they can develop competencies as health care professionals. New nurses and clinicians joining the service receive a comprehensive induction, mentorship and training as well as regular professional updates throughout their career with Rennie Grove. Nurses are offered support through the revalidation process which is required to demonstrate continuous learning and development and to maintain registration.

The team works in partnership in both Buckinghamshire and Hertfordshire to deliver training to generalist practitioners to support the development of palliative care expertise.

### **Governance and Audit**

Rennie Grove Hospice Care is registered with the Care Quality Commission (CQC) and our Clinical Governance Team works through a clinical audit programme. This team works with other hospices to develop joint standards and audits with a view to standardising practice and developing ways to monitor our performance. The CQC audit practice and their last assessment, in 2016, is published as required on the Charity's website. Non-clinical areas including Health and Safety are audited by external consultants or volunteers.

### **Safeguarding of Adults and Children**

All necessary staff and volunteers complete the required safeguarding training and ensure safeguarding of patients and their families in accordance with the Rennie Grove Safeguarding of Vulnerable Adults and the Safeguarding of Children Policies and Procedures.

## OUR STRATEGY - MEETING THE NEED 2019-22

### Our Purpose

We believe that everyone with a life-limiting illness should be able to live well for as long as possible and have the choice to die at home.

We will put you and your family at the heart of the specialist care we provide, visiting day and night, supporting you to live the best quality life you can and to make every moment matter.

### Our Values

We are caring and compassionate.

We engage and empower.

We strive for excellence.

We develop and innovate.

We respect and value.

### National Challenges

Rennie Grove like other hospices across the UK faces increasing challenges, including:

1. More people, living longer into older age.
2. Increasing number of inappropriate hospital admissions for patients at or nearing the end of life, adding to NHS pressures.
3. Lack of co-ordination of support for those caring for people at the end of life.
4. More people are living in care homes as they near the end of life who often have an unsatisfactory end-of-life experience.

### Key Strategic Aims

To enable Rennie Grove to meet these challenges the 2019-22 Strategy concentrates on the following four key aims:

1. To support GP's and other Healthcare Professionals to identify patients who would benefit from Rennie Grove services.
2. To provide services to a wider number of people at an earlier stage to plan better for the end of life and reduce inappropriate hospital admissions.
3. To ensure our services are personalised and flexible to fit both patients and those caring for them.
4. To develop expertise within and in support of care homes to improve end-of-life experiences.

To ensure we have the objectives of this Strategy in mind we work with the following approach through three key channels of Engagement, Efficiency and Improvement.





## OPERATIONAL REVIEW YEAR TWO 2020-21

For the second year of our 2019-22 Strategy, we continued to coordinate key projects across Rennie Grove.

The Coronavirus (COVID-19) pandemic has, however, had a serious impact on our achievements and at least the first half of 2020-21 was spent focused on our immediate responses to several new items. The Senior Management Team and wider organisation, both staff and volunteers, managed themselves and their responsibilities throughout the year with considerable energy and focus on ensuring that our service provision, to patients and their families, was our top priority.

The year did not unfold as originally planned, and where we may have intended to achieve several strategic aims during the year when the strategy was first developed, we have instead needed to be responsive and agile to the changing environment in which we work as well as the challenges facing everyone.

We worked collegiately and cohesively in every aspect of ensuring business continuity and responsiveness to the crisis. It did mean though that a number of key projects that Rennie Grove would undertake during the year lost focus and/or were delayed.

Some of our key strategic achievements are noted in the following paragraphs.

### **Nursing & Patient Services**

During the year we delivered rigorous and effective safe management of COVID-19 from a clinical perspective. 2020-21 was dominated with the management of the COVID-19 situation from the early lack of PPE, through the evolving changes in clinical guidelines to the management of the clinical staff and allaying their fears and concerns. Clinical guidance was also given towards the whole organisation's management of the pandemic and the arrangement and organisation of the COVID-19 vaccination and weekly testing programmes.

We created, developed and began the implementation of identifying clinical capacity and activity daily for NHS England to support additional HM Government funding during the pandemic.

Our Rapid Personalised Care Service (RPCS) moved from a pilot to a commissioned service on 1 July 2020. The service was built up slowly from a workforce point of view and the workforce was fully recruited in early 2021. RPCS continues to be a highly regarded service with excellent feedback received from families, commissioners and GPs. The development of this service has included important input from our HR and Finance teams in the recruitment of the staff and in the monitoring of the income and expenditure to ensure robust financial management.

We undertook a review of the adult H@H workforce to define capacity and workforce requirements. This resulted in a change management plan, to be delivered by Summer 2022, including the implementation of over 155 new policies, procedures and guidelines.

In addition, we redesigned the education team to meet the needs of the internal workforce and external partners. This led onto a collaboration project with Peace Hospice Care to create a single education team and learning and development programme across both organisations.

### **Finance & Facilities**

We implemented a new Purchase Order Processing System removing the paper-based processes.

We undertook a Lean review of the shared payroll process between HR and Finance with quick win solutions implemented immediately.

COVID-19 created additional work to provide monthly reporting to Hospice UK to continue to meet requirements to secure HM Government funding as well as claiming Furlough monies and ensuring claims were compliant with HMRC requirements.

Specific facilities project included the completion of refurbishment works at Grove House, in June 2020, and legal preparatory work investigating the Covenant on Gillian King House to enable the restricted use of the building to be favourable to the Charity.

### **Information and Communications Technology**

COVID-19 brought new challenges to our working practices particularly for our office-based staff. Almost overnight, our support for Working from Home required rapid provision of suitable equipment and an increase in capacity for remote access into our office-based systems.

We migrated to Microsoft 365 email and began the move to cloud hosting on MS SharePoint, which included the implementation of MS Multi Factor Authentication bringing improvements to the security of Rennie Grove data. Cyber Plus and penetration testing were also undertaken to meet the requirement of annual external audits.

To prepare for the return to office working we also upgraded our print management system, installing Papercut and replacing copiers and removing team printers. This addressed the risk of data being sent to the wrong internal printers. We added large screens in meeting rooms at Grove House and Rennie House, supporting the increased use of online meeting software both for internal meetings and to support patients (physio and other day hospice services).

### **Fundraising**

The early fundraising focus for 2020-21 was the creation and successful delivery of our COVID-19 Emergency Appeal, raising £134,000.

We developed and successfully delivered a suite of virtual events generating income, within COVID-19 restrictions, and further research and the introduction of digital fundraising initiatives drove much of our fundraising activity. This led to a restructuring of our community fundraising team.

Our use and the functionality of our fundraising database was also reviewed to enable more accurate recording of income and information to generate meaningful data to inform future strategy.

In addition, we created a Fundraising Advisory Group, utilising Trustee expertise, to help drive our fundraising strategic direction and created and implemented a new philanthropy and major donor programme.

### **Retail & Trading**

Our retail activity was most severely affected by the COVID-19 lockdowns. The resulting closures and openings of shops caused a particular challenge to management. We did, though, maintain an engaged furlough team through weekly correspondence and social "Zoom" calls. Shop grants, furlough monies and some negotiated rent reductions helped reduced the financial impact of loss of income due to shop closures.

During the lockdowns we did, though, develop our social media presence, with the introduction of lead staff and the redeployment of shop managers to enhancing our online income opportunities.

We also benefitted from a successful John Lewis Partnership secondment helping to drive online activities resulting in increased sales. This has allowed us to gather good data to create a strategic view of how we can grow e-commerce income.

### **Communications**

In the initial stages of our COVID-19 response the Communications team supported with crisis statements and media activity to encourage support. We successfully delivered an engagement programme with supporters, including volunteers, during the first lockdown to keep the charity in supporters' minds and underpin fundraising.

The Communications team developed and implemented a communications plan for the virtual 'launch' of the redeveloped Grove House building, including a 3D virtual tour and launched our Nurse Ambassador scheme supporting several nurses to build stronger ties with the nursing and income generation teams.

We also spent some time refreshing how we share our successes externally and replaced our historical annual report with an Impact Report. This more concise document detailed what and how we had achieved the first year of our 2019-2022 Strategy.

### **Staff and Volunteers**

When COVID-19 struck in March 2020, our staff and volunteers rose to the challenge and showed their commitment, professionalism and passion to continue to support our patients and families through an exceedingly difficult year, with their own personal challenges.



We supported staff and volunteers by reacting quickly to pandemic issues e.g. being issued with equipment to enable working from home, developed Health & Safety advice to ensure workplaces remained safe and the appropriate level of PPE was available. In the 2020 staff survey carried out in the Autumn, 89% of staff agreed that 'this charity is doing a good job in managing any continued changes and challenges that have emerged from the pandemic'.

There was ongoing review and understanding of changing government guidance of the furlough scheme to ensure a consistent and fair approach. Accurate records are held of staff being furloughed to meet HMRC/statutory compliance.

Throughout the UK, we saw volunteering and social action at its best as large numbers of people wanted to support those in need in our communities. At Rennie Grove this was no different. A rallying call to our Family Support Services volunteers saw them seamlessly adapt their support from face to face to telephone and virtual meetings until they were comfortable and able to return to visiting patients and carers in their homes.

Whilst most volunteers were stood down during the first lockdown, once government guidelines allowed, social distancing restrictions were adopted and with COVID-19 risk assessments in place, we were able to gradually reintroduce volunteers back to their roles.

Feeling connected lies at the core of the Rennie Grove volunteer experience and team managers stayed connected with their volunteers to maintain the strong relationship, keeping them involved and checking in on how they were feeling about returning to their volunteering.

The Chief Executive also held a virtual meeting with volunteers to update them on how the charity has managed throughout these challenging times, including an organisational overview and our response to the new challenge of running a charity in a global pandemic.

342 of our 1338 volunteers decided to take a break from their volunteering or their roles were on hold. The remaining 996 have continued and adapted to the changes that had to be made to keep them safe. Some roles have been adjusted to consider how and where help is most needed and volunteers in these roles have embraced these changes.

Currently there are 68 individual roles in which volunteers are supporting the charity.

With an aging society and the COVID-19 disruption, it is extremely important we sustain, value, diversify and innovate volunteering. This will not only maintain current levels of volunteering, but it will also open public participation to a wider and more diverse group of people that may find they have time available to volunteer that they didn't expect before the pandemic hit.

### **Pay and Remuneration**

A salary benchmarking exercise of non-clinical roles was carried out against market to address those with the largest salary gap based on charity specific data. The HR & Volunteering Advisory Group advises the Senior Management Team in developing pay and benefits. Two Trustees represent the Board on this group.

We made further process improvements by developing our HR Database and carried out a review of the payroll process with our HR and Finance teams to identify efficiencies.



## FINANCIAL REVIEW

The budget for 2020/21 was agreed in March 2020 taking into consideration the potential impact COVID-19 might have on the financial position of the organisation. The budget had a substantial anticipated deficit despite SMT having carefully reviewed income and expenditure removing all non-essential costs. The budget was set prior to any understanding if there would be any Government support to deal with the pandemic. Throughout the year there has been close monitoring of the financial position and regular forecasting.

Income for the year was £11.9m (2020:£11.6m) which was up 2.5% on the previous year. Expenditure was £8.8m (2020:£10.1m) down by 13% on the previous year. This was due to strong cost control and the phased transfer of the RAPID service from a fully contracted agency staff model to a blended Rennie Grove own staff supplemented by contracted agency staff.

The Charity is delighted to be reporting a surplus of £3,526k (2020: £1,280k) which is outstanding given the uncertainty in March 2020. There are number of contributing factors to this success which are described below:

### Government Support

Hospice UK represented the Hospice Sector in liaising with Government to secure funding for hospices throughout the pandemic.

The NHS England awarded funding to allow the hospice to make available bed capacity and community services from April 2020 to July 2020 to provide support to people with complex needs in the context of the COVID-19 situation. It did so again from November 2020 to March 2021 for the same purpose. To secure this funding the organisation was required to complete a daily patient activity tracker and monthly financial returns. All additional income from NHS England has been restricted in 2020-21 and has been used to fund charitable activities. A total of £2.7m was received.

Government Retail, Hospitality and Leisure Grants were awarded to Rennie Grove to the value of £338k for the restrictions placed on its shops.

Rennie Grove took up the Coronavirus Job Retention Scheme and furloughed the majority of Retail Staff enabling the organisation to claim £417k during the year.

Therefore, a total of £3.4m Government one-off funding has been received in the year and Rennie Grove are exceptionally grateful to have these funds to secure its long-term sustainability.

### Fundraising

The fundraising team have worked tirelessly throughout the year in challenging circumstances dealing with restrictions imposed on nearly all their planned activities. Quick and innovative thinking and moving to virtual events has all added to the success.

An emergency appeal, "We need you now more than ever" raised £134k and in addition attracted significant donations from major donors and grant making trusts. This continual support from the local community has been, and continues to be, vitally important to us.

Several significant COVID grants were made available, and applications submitted were very successful including securing a National Lottery Grant of £100k.

Legacy notifications have been slow across the sector this year, and we received significantly fewer than in previous years. However, legacy income of £1,263k was received.

Overall, the net contribution from Fundraising was £3.5m (2020: £3.0m).

### **Retail and Trading**

The shops have had a hugely challenging time coping with all the restrictions and social distancing rules that have kept constantly changing.

The Retail team have expanded the on-line activities to look to grow the existing eBay platform alongside developing Depop & Vinted.

During the periods where shops could open trading levels were running at 75% of 2019/20 activity levels.

Government support from Grants and Furlough as well as support from landlords helped to bridge the gap that the reduction in Retail income has created.

A claim on the Business Interruption Insurance Policy for the shops has resulted in a payment of £354k.

For accounting purposes none of the above income is recognised as Retail income which means that the Retail shops had a deficit contribution of £978k this year (2020: Surplus of £1,051K).

### **Clinical Commissioning Group Income**

The CCGs continued with grant funding (rather than any form of tariff-based approach), in both the Chilterns area of Buckinghamshire and in north west Hertfordshire, to support the care that Rennie Grove provides to patients.

In 2020-21 Herts Valley CCG contract value was increased to £569k (£468k in 19/20)

In 2020-21 Bucks CCG contract was £429k (£436k 19/20; this included additional one-off Government support)

In addition, Herts CCG commissioned the pilot Rapid Personalised Care Service to become a fully funded statutory service.

### **Other Statutory Funding**

Our annual Department of Health Children's Grant was reviewed for 2020-21 at a value of £96k.

### **Other Significant Funding**

The Hospice Lottery Partnership had a very successful year despite the lack of being able to canvass ticket sales face to face due to COVID-19 restrictions with an overall contribution of £436k.

The Pepper Foundation continues to support the delivery of children's services and contributed £250k for 2020-21 as their core grant. In addition, they were able to fund a further £42k during the year, some of which is restricted for specific equipment.

### **Reserves Policy**

Rennie Grove has a reserves policy which states that the charity will seek to maintain, over the medium term, unrestricted general reserves within the range of three to six months of average actual expenditure. The Board of Trustees has agreed that the policy shall apply unless there is a clear strategic need to hold greater reserves to support future planned capital or revenue plans. However, cash reserves should not fall below three months of predicted expenditure.

The general reserve at 31 March 2021 was £8,482k which represents eleven months of unrestricted expenditure. The Trustees consider this to be a reasonable current level of reserves considering the uncertain environment.

### **Designated Funds**

Our designated funds include £150k representing the net book value of fixed assets other than property.

### **Restricted Funds**

Our restricted funds include:

Property Fund of £2,492k being the net book value of the Gillian King House and the Grove House buildings.

Nursing Cottage Fund of £294k to fund the care of patients in Great Missenden and Prestwood.

Other Restricted Funds of £156k are those given for specific projects or expenditure. Full details of other restricted funds in note 18.

### **Financial Sustainability and Going Concern**

The coronavirus pandemic has caused considerable disruption to many of our activities. In light of the resultant financial and economic uncertainties, Rennie Grove has taken a number of measures to ensure the continued financial sustainability of the Charity. These measures included detailed cash flow monitoring, implementing expenditure savings, a special fundraising appeal, taking advantage of Government and local authorities grant support schemes, and obtaining bank finance.

The level of unrestricted reserves provides an indication of an entity's ability to protect itself against unexpected financial or operational challenges. Rennie Grove has robust and adequate unrestricted reserves, which totalled £8,482k at 31 March 2021.

Following reviews of the financial position and future plans of the Charity, the Trustees have identified no material uncertainties that would cast doubt on Rennie Grove's ability to

continue its activities for at least the period to 31 March 2023. Accordingly, it is appropriate to employ the going concern concept in the accompanying financial statements.

#### **Investment Policy**

Under the Memorandum and Articles of Association, Rennie Grove Hospice Care has the power to make any investment which the Board of Trustees sees fit. Each year members of the Finance, Risk and Operations Committee review the investments strategy and meet with Barclays Wealth, the portfolio management company. The Board of Trustees have approved a medium risk strategy and ensure social, environmental, and ethical considerations are considered with a strict view on no investment in tobacco related companies. The key risk considerations are liquidity risk, reputational risk, and credit risk.



## **FUTURE PLANS AND STRATEGY**

### **Principles of Sustainability**

In 2020 Hospice UK commissioned a Future Vision Programme to start the conversation around re-imagining a more sustainable future for palliative and end of life care. The Discovery Phase report, published in September 2020, draws together the views of all stakeholders in exploring future sustainability in the hospice sector. It covers how hospices might make better use of technology, transform ways of working, suggests ways to collaborate and revise the current funding model.

This report will have an important influence on Rennie Grove and during 2021-22 the Senior Management Team and Board of Trustees will develop the options suggested by it. This will set the outline ambitions and steer the formulation of the 2022-2025 Strategy of the charity.

Of the reports nine principles, there are three that will drive Rennie Grove in the next few years. These are negotiating a new deal with commissioners, becoming an integrated partner within the Integrated Care Systems in which we work and collaborating closely with other hospices to reduce duplication of effort and deliver the best outcomes for patients.

### **NHS England's Palliative and End of Life Care Strategic Clinical Network**

Integrating Rennie Grove across Hertfordshire and Buckinghamshire will also be supported by NHS England's renewed focus on the significance of palliative and end of life care following HM Government support for the hospice sector during 2020-21. Strategic Clinical Networks are being established across the seven regions of NHS England. Rennie Grove will play an active role in the achievement of the Network's aims and objectives.

These are, namely, to define how palliative and end of life care providers can influence the formation of Integrated Care Systems and how hospices fit and are represented within their governance arrangements.

### **Collaboration**

Taking the lead from the Future Vision Programme, mentioned above, Rennie Grove will develop collaboration projects with hospices and other partners across Hertfordshire and Buckinghamshire over the next few years. During 2020-21 we started this work with two partners.

### **South Bucks Hospice**

Recognising the importance of outpatient services we provide from Grove House, we have been working with South Bucks Hospice, since 2019, in developing a joint clinical pathway to enable patients in Buckinghamshire to access services which are or could be provided from Butterfly House in High Wycombe.

The development of this collaboration project was paused during 2020 due to COVID-19. It has, however, been re-established and both charities are working together to offer people a single-entry point for referrals. Initial review of the referral will be conducted by a triage function and then progressed to a nurse led assessment clinic. Post assessment people will be

offered a range of services provided by either charity or jointly from Butterfly House or in the patient's home depending on need.

This new way of working collaboratively is planned to commence in the summer of 2021.

### **Peace Hospice Care**

Our collaborative working with Peace Hospice Care is taking shape in several ways. Initial projects involve learning & development, outpatient services and medical support.

#### *Learning & Development*

This collaboration involves the existing education teams at both charities coming together as one team, under one line manager. This new collaborative team will be managed by a Head of Learning & Development and will work to detail a comprehensive education and training programme to support both charities as well as provide outreach education for health and social care staff in north west Herts and Bucks.

#### *Outpatient Services*

Rennie Grove and Peace Hospice Care aim to share resources and develop their outpatient services in north west Herts which will improve outcomes, achieve targeted results, and strengthen our broader palliative care approach across our communities.

Outpatient services are key to improving patients' quality of life and enable them to stay at home, living independently. By working jointly, both charities will be able to deliver a wider service to people ensuring equal access to any specialised session delivered either from Grove House or Peace Hospice, in Watford.

These initial plans have been strengthened by further collaborative working with all hospices providing outpatient services in the Hertfordshire and West Essex Integrated Care System. Hospices thought it would be helpful to describe the outpatient services (sometimes called day and/or living well services) they deliver. We know they have a significant role to improve the quality of life, maximise the person's independence and social participation as wished, help people to take control and give confidence to patients and their carers about managing end of life. The Hospices feel these services help to prevent unnecessary attendances at ED (Emergency Departments) and admissions to the acute sector.

#### *Medical Support*

Rennie Grove has not had an employed medical resource for several years. We have noticed how much of a burden this puts on Palliative Consultants in our neighbouring hospices and within Buckinghamshire NHS Trust. During 2021-22, we will therefore work with Peace Hospice Care to jointly fund a Consultant post.

The Consultant will work for Rennie Grove three days per week and advise our nurses, and our GP colleagues as necessary and invited. This will add more resilience to our nursing teams and enable all our Clinical Nurse Specialists to become non-medical prescribers.

## **2021-22 Strategy**

In our final year of our current strategy, we will continue to focus our activities based on Efficiency, Engagement and Improvement.

### *Efficiency*

Our main efficiency focus for 2021-22 will be finalising our adoption of Microsoft 365. We will progress with moving our technology systems to a cloud-based environment using this suite of products, including Microsoft Teams, SharePoint and OneDrive.

We have already taken big strides in adopting collaborative digital technology, pushed mainly by the need to work remotely during 2020. The momentum needs to continue as we embrace SharePoint and access the wider transformational potential of Microsoft 365.

Staff adoption and the cultural change will pose a challenge and we will need to ensure face-to-face support and training. Our staff and volunteers have embraced new methods and adapted well already but we need to develop a 12-month roadmap to gain support and buy-in.

### *Engagement*

To support future engagement plans we will spend 2021-22 on building solid foundations for all digital marketing activities by upgrading our website and email marketing tool.

Strengthening our digital marketing infrastructure will allow us to deliver smoother and more dynamic supporter journeys across the organisation, growing engagement and driving income generation.

Better tools and platforms will also facilitate the efficient collection of data and insights which will be used to inform our future activity and ensure we continually improve our supporter journeys and the effectiveness of our campaigns.

### *Improvement*

The senior clinical team will continue to review, remodel, and manage our available capacity from a workforce and care model perspective during 2021-22 to ensure we are fit for purpose for the future. We will continue to invest in the expertise of Establishment Genie to look at the adult Hospice at Home teams, to define capacity and workforce requirements.

Over the last 12 months the senior clinical team laid the foundations for their vision for the future. This was identified from a review of several areas of the organisation in relation to quality improvement and clinical practice. The plan sets out all the changes required including timeframes for each activity and accountability to be delivered by Summer 2022.

A review of the quality improvement process highlighted the need for a full review of the clinical audit policy and programme, with the aim to ensure continual quality improvement and to improve the outcomes of patient care. The clinical audit policy will have a full review and re-write by the Head of Clinical Governance & Quality to ensure it meets the requirements of the Care Quality Commission, NICE and Healthcare Quality Improvement Partnership (HQIP) guidance. The clinical audit programme will be evaluated and re-written to include additional clinical audits. New clinical audit tools will be created for each audit outlined in the programme.

Our children's hospice at home service will also be reviewed with the intention of changing its balance of staff to maintain high quality care and to meet the needs, more specifically, of the children and families we look after. The focus will be on caseload management and operational responsibilities and will enable the children's service to maintain an excellent standardised service that is both safe and effective. The team will be remodelled with the addition of a play team and a respite team.



## STRUCTURE, GOVERNANCE AND MANAGEMENT

Rennie Grove Hospice Care is a company limited by guarantee under the Companies Act 2006, number 7479930, and a registered charity, number 1140386. The charitable company is governed by its Memorandum and Articles of Association.

### Group Structure

Rennie Grove Hospice Care has three subsidiary companies:

- Iain Rennie Hospice at Home,
- Iain Rennie Hospice Services Limited, and
- St Albans and Dacorum Day Hospice

These are held open to ensure any residual income or legacies can be received by Rennie Grove Hospice Care and Iain Rennie Hospice at Home holds the asset of our Gillian King House building. The financial results of all three subsidiaries are consolidated into the financial statements of Rennie Grove Hospice Care.

Rennie Grove has a 33% shareholding in The Hospice Lottery Partnership Limited, a company which operates a lottery to raise funds for this and the other partners.

### Members Appointment and Members' Liability

The members of the charitable company, including the members of the Rennie Grove Board of Trustees, are liable for up to £1 each on the winding up of the company whilst they are members or within one year of someone ceasing to be a member. At 31st March 2021 there were 106 members including the Rennie Grove Board of Trustees.

Rennie Grove Hospice Care is registered with the Care Quality Commission, which monitors and inspects the charity as an independent health care provider. The Registered Manager is Mrs Samantha Howard, the Director of Nursing & Patient Services.

### Corporate Governance

Rennie Grove Hospice Care is governed by a Board of Trustees which collectively sets its strategic direction, upholds its values, ensures delivery of its strategic objectives and is responsible for ensuring financial sustainability of the charity. The Board of Trustees is collectively responsible and accountable for ensuring and monitoring that the organisation is performing well, is solvent, and complies with all relevant obligations.

To support the Board in fulfilling its objectives to deliver the Purpose and Vision of Rennie Grove, the Board of Trustees has established three committees each responsible to the Board.

Three formal committees report to the board of trustees:

### Governance Committee

The Governance Committee:

- Oversees the governance arrangements of the Charity and makes recommendations to the Board.
- Reviews the size and composition of the Board and its committees and makes recommendations as to the appointment of individuals to the Board.

- Supports the Chairman in the annual Board Effectiveness Review.
- Recommends to the Board the appointment of the Chief Executive of the charity.
- Oversees the remuneration paid to the Chief Executive and the senior management team members and the remuneration framework for the charity's employees.

The members of the committee in the year were the Chairman, Vice Chairman and the Company Secretary. The committee met twice in the year.

### **Clinical Governance Committee**

The role of the Committee is to advise the Board in relation to clinical operations and clinical risk. In particular, the Committee:

- monitors clinical effectiveness, safety and quality of care to gain assurance that the organisation is providing safe clinical care
- identifies the key clinical risks arising from the Charity's operations
- defines the accepted risk levels associated with increased clinical activity and innovation

The members of the committee in the year were the Chairman and three trustees with clinical backgrounds. The Chief Executive and the Director of Nursing & Patient Services (or the person holding the equivalent position from time to time) are expected to attend all meetings.

### **Finance, Risk and Operations Committee**

The role of the Committee is to advise the Board in relation to:

- financial and operational performance and risk
- the overall integrity of the Charity's financial and operational reporting
- the Charity's internal controls and risk management systems
- the Charity's relationship with its external auditors

The Committee comprises five Trustees including the Chairman, Vice-Chair, Treasurer and Company Secretary. The Chief Executive, the Director of Finance & Facilities and the Director of Nursing & Patient Services are expected to attend all meetings.

The Board of Trustees agrees the terms of reference for the three committees which have clear, delegated authorities. The Board monitors performance of the committees through reports received at Board Meetings and an annual report.

Certain matters are reserved for the Board and senior members of the management team are invited to attend Board and Board Committee meetings as appropriate.

### **Charity Governance Code**

The Charity Governance Code (the Code) is a set of principles and recommended good practice against which Charities may compare themselves and identify areas of strength and for potential improvement.

The Code includes eight principles which the Board of Trustees have considered in its aim to ensure continued strong governance at Rennie Grove.

### ***Organisational Purpose***

The Board of Trustees maintains the vision and mission of Rennie Grove. They approve the strategy, operational plans and budget. The Trustees operate as a team and receive reports from management to ensure the proper functioning of the Charity.



### *Leadership*

The Board maintains responsibility for ensuring the strategy of Rennie Grove is established and followed. The Board has a wide range of clinical and non-clinical abilities and experience from a variety of backgrounds. By meeting regularly with management and clinical staff, the Board ensures that leadership and management are integrated for the good of Rennie Grove.

### *Integrity*

The culture of the Board supports independent and challenging thought accompanied by a supportive ethos. Procedures are in place to prevent conflicts of interest and to ensure the Board is independent in its decision making.

### *Decision Making, Risk and Control*

The Board has developed an effective structure of board committees and working groups. This allows Board members and management to effectively implement the strategic priorities of Rennie Grove whilst allowing the Board time to focus on strategic developments. Operational matters are delegated to the senior management team who report on key strategic developments to the Board. Importance is placed on effective risk management and considerable progress has been made in the year in developing risk management processes to ensure these direct management time and resources to mitigating key risks.

### *Board Effectiveness*

The Chairman has initiated governance reviews during the year to ensure the process for the recruitment, appointment and retirement of the Board members is effective. An induction process for new Trustees is in place and has been reviewed.

### *Diversity*

The Board recognises that a variety of perspectives, backgrounds and skills is essential for good governance. These matters are considered as part of the process for nominating new Trustees.

### *Openness and Accountability*

The Board places great importance in ensuring that Rennie Grove's services and activities and impact are reported to all stakeholders in a transparent manner. Key information is made available to staff and volunteers by the Chairman and Chief Executive. We actively seek feedback on all clinical activities.

### *Relationships with Wider Interests and Related Parties*

Rennie Grove is a member of Hospice UK, the National Association for Hospice at Home and Together for Short Lives. Individual members of the Senior Management Team and other members of staff are members of various professional representative bodies.



### *Board Evaluation*

Overall, the trustees believe that the board and the committees are performing well, although suggestions were made for improvement in the following areas:

- The recruitment process and induction programme for new trustees needs to be strengthened.
- Briefing sessions should be arranged for trustees on changes in law or regulation which affect Rennie Grove, its business or the position of the trustees.
- Board papers should include analysis of the impact of proposals on, and views of, relevant stakeholders.

A plan to address these issues has been developed with senior management and work is ongoing to deliver these recommendations.

### **Management**

The Board delegates operational responsibility to the Chief Executive and through him to the senior management team. The Chief Executive has line management responsibility for the senior team comprising the Directors of Nursing & Patient Services, Fundraising, Finance & Facilities, Retail & Trading, Human Resources & Volunteering, the Information, Communications and Technology Lead and the Head of Communications. Members of the senior management team represent the organisation on significant local, regional and national organisations, committees and bodies.

The Board of Trustees agrees the strategy for the Charity and the Senior Management Team are accountable for delivering this. Trustees take decisions on unbudgeted expenditure over £25,000 or when significant investment opportunities or challenges are indicated.

### **Fundraising Regulator**

Rennie Grove Hospice Care is registered with the Fundraising Regulator and is committed to the Fundraising Promise and adherence to the Code of Fundraising Practice. Donors can be assured that we comply with these regulatory standards.

In 2020-21 we received 6 fundraising complaints (2020:2). These were followed up and recorded in accordance with the complaints procedure and were resolved with the complainant. We are also signed up to the Fundraising Preference Service, enabling supporters to opt out from receiving fundraising communications.

**RENNIE GROVE HOSPICE CARE  
TRUSTEES REPORT  
FOR THE YEAR ENDED 31 MARCH 2021**

**Risk Management**

The Board of Trustees has responsibility for overseeing risk management within Rennie Grove. They have a fundamental role in ensuring that a culture of risk management is embedded throughout the charity by setting the tone and influencing the appetite for risk. The Board ensures that all risks are assessed against the ability to achieve its mission.

The Finance, Risk and Operations and Clinical Governance Committees review key risks and mitigating actions and support and advise the Board on risk matters. The Senior Management Team implement risk management policies.

The Board of Trustees and Committees designate owners, who are responsible for managing the risks allocated to them under their guidance. Risks are identified and controls and mitigating actions closely monitored on a regular basis.

The following paragraphs describe the key risks identified by the Board of Trustees' of Rennie Grove's ability to meet its strategic objectives.

COVID-19 has impacted the delivery of clinical services, as well as having financial and operational implications for Rennie Grove. Taking these into account the principal risks facing the Charity are:

Risk Area	Potential Impact	Mitigations
Risks to the safety of patients and staff arising from COVID-19 transmission and consequential risk to delivery of clinical services.	Our patients are by definition, vulnerable and COVID-19 infection would have a very significant impact. Our ability to deliver clinical services to all our patients without compromising quality of care would be impacted by staff being exposed to the virus and having to self-isolate.	We work closely with the Buckinghamshire and Herts Valleys CCGs to understand the prevalence of COVID-19 in our areas and have gained considerable experience in managing this risk during 2020-21. All clinical staff have access to appropriate PPE in accordance with government guidelines; stock levels are closely monitored We maintain records of those staff who are in isolation or are shielding, and we review staffing levels on a daily basis to monitor any risk to clinical services. We have enhanced cross-team working practices to ensure that staffing levels are maximised across all teams.

**RENNIE GROVE HOSPICE CARE  
TRUSTEES REPORT  
FOR THE YEAR ENDED 31 MARCH 2021**

Risk Area	Potential Impact	Mitigations
Risks to our medium term financial sustainability arising from loss of retail and fund-raising income.	The COVID-19 pandemic caused a considerable loss to our retail income in 2020-21. Any future lock-down that closes retail outlets will continue to put a strain on our ability to raise the necessary funds to support our clinical services.	<p>During 2020-21 our income levels exceed our expectation. We benefited from strong financial support from a number of elements of the Government's funding streams. This has strengthened our financial position for 2021-22 to a level which we know will support any short term financial sustainability.</p> <p>With the restarting of retail and confidence in our fundraising endeavours we will have no risk to our financial needs in 2021-22. Throughout this year we will closely monitor retail and fundraising performance to ensure these meet the targets set.</p>
Increased demand for services will have an impact on both our financial base, and the workload of our current clinical team.	Financial pressures and pressure on our ability to continue to recruit high quality clinical staff could result in adverse impacts on the quality of services we are able to deliver to patients, as well as impacting the health and well-being of staff.	<p>We undertook a capacity review of our clinical workforce in 2020 to identify whether we needed to increase our staffing levels. The review showed that at current levels we had capacity to manage any immediate increase in demand. This review will be redone during 2021 to ensure capacity remains.</p> <p>The nursing teams will review caseloads during the first half of 2021-22 and discharge any patients that do not need active input from a Rennie Grove service. Any discharged patients will be able to be re-referred if their circumstances change.</p>

**RENNIE GROVE HOSPICE CARE  
TRUSTEES REPORT  
FOR THE YEAR ENDED 31 MARCH 2021**

Risk Area	Potential Impact	Mitigations
Cyber security	As we hold significant quantities of personal information about patients and supporters, in particular, and given the need to safely and securely share patient data with other clinical services, any data breach would have an adverse impact on our ability to provide services to patients and would result in significant reputational damage.	<p>We have appropriate data security policies in place and compliance with these is audited. We have obtained Cyber Plus certifications which are renewed annually.</p> <p>We have a secure network in place for data transmission between sites. Remote and mobile access is controlled by verification and two factor authentication is in place to strengthen controls around access.</p> <p>We are migrating to Microsoft Office 365 which will support more agile forms of collaboration and enhance our digital security.</p> <p>We have ongoing programmes to educate and remind staff and volunteers using our systems about safe digital practices.</p>



**RENNIE GROVE HOSPICE CARE  
TRUSTEES' REPORT  
FOR THE YEAR ENDED 31 MARCH 2021**

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**STATEMENT OF TRUSTEES' RESPONSIBILITIES**

The Trustees (who are also directors of Rennie Grove Hospice Care for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Board of Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing the financial statements, the Board of Trustees is required to:-

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make judgements and estimates that are reasonable and prudent
- State whether UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The Board of Trustees is responsible for keeping proper accounting records, which disclose, with reasonable accuracy at any time, the financial position of the charitable company and enable it to ensure that the financial statements comply with the Companies Act 2006. It is also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

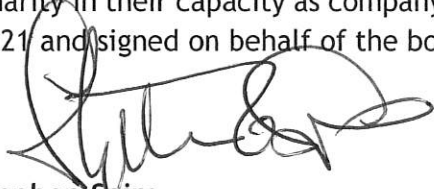
In so far as the Board of Trustees is aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The Board of Trustees has taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

**AUDITORS**

Haysmacintyre LLP have been appointed by the Trustees as auditors. and have signified their willingness to continue in office. A resolution proposing their reappointment will be put to the forthcoming Annual General Meeting.

In approving this Trustees' Report, the Trustees are also approving the Strategic Report of the Charity in their capacity as company directors. This report was approved by the Trustees on 29 July 2021 and signed on behalf of the board by:



**Stephen Spiro**

**Chairman**

**INDEPENDENT AUDITORS REPORT TO THE TRUSTEES AND MEMBERS  
OF RENNIE GROVE HOSPICE CARE  
FOR THE YEAR ENDED 31 MARCH 2021**

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**Opinion**

We have audited the financial statements of Rennie Grove Hospice Care for the year ended 31 March 2021 which comprise Consolidated Statement of Financial Activities, the Group and Parent Charitable Company Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's and parent charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

**Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

**Other information**

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report and the Chairman's Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a

**INDEPENDENT AUDITORS REPORT TO THE TRUSTEES AND MEMBERS  
OF RENNIE GROVE HOSPICE CARE  
FOR THE YEAR ENDED 31 MARCH 2021**

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material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

**Opinions on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Annual Report (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Trustees' Annual Report have been prepared in accordance with applicable legal requirements.

**Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

**Responsibilities of trustees for the financial statements**

As explained more fully in the trustees' responsibilities statement set out on page 31, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

**Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in

**INDEPENDENT AUDITORS REPORT TO THE TRUSTEES AND MEMBERS  
OF RENNIE GROVE HOSPICE CARE  
FOR THE YEAR ENDED 31 MARCH 2021**

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respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the group and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Charity Act 2011, Companies Act 2006, the Fundraising Regulator, Charity Commission and Care Quality Commission (CQC), and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, the Charities Act 2011, FRS102, Charities Statement of Recommended Practice (SORP) and payroll tax.

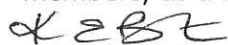
We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting of inappropriate journal entries and management bias in certain accounting estimates. Audit procedures performed by the engagement team included:

- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

**Use of our report**

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Kathryn Burton (Senior Statutory Auditor)  
For and on behalf of Haysmacintyre LLP, Statutory Auditor  
[date] 2nd August 2021

10 Queen Street Place  
London  
EC4R 1AG



**RENNIE GROVE HOSPICE CARE**  
**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES**  
**(incorporating the Income and Expenditure Account)**  
**FOR THE YEAR ENDED 31 MARCH 2021**

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2021 £	Total 2020 £
<b>INCOME FROM:</b>					
<b>Donations and legacies</b>	2	3,305,212	460,720	3,765,932	3,227,882
<b>Charitable activities</b>	3				
NHS funding		998,707	-	998,707	1,042,574
Rapid Personalised Care		1,153,620	-	1,153,620	2,165,914
Other income from charitable activities		-	3,055,245	3,055,245	346,744
<b>Other trading activities</b>	2				
Events & community		486,440	4,670	491,110	609,894
Retail income		830,008	-	830,008	3,279,412
<b>Investments</b>		868	9,308	10,176	15,610
<b>Other</b>	4				
Hospice Lottery Partnership		435,704	-	435,704	450,000
Other income		1,120,982	-	1,120,982	472,709
<b>Total income</b>		8,331,541	3,529,943	11,861,484	11,610,739
<b>EXPENDITURE ON:</b>					
<b>Raising funds</b>	5				
Donations and legacies		841,506	-	841,506	929,562
Fundraising activities		2,296,927	-	2,296,927	2,809,523
<b>Charitable activities</b>	5				
Patient care		1,830,390	2,632,667	4,463,057	4,532,446
Rapid Personalised Care		1,175,905		1,175,905	1,870,570
<b>Total expenditure</b>	5	6,144,728	2,632,667	8,777,395	10,142,101
Net gains/(losses) on investments		463,389	(21,243)	442,146	(188,985)
<b>Net income/(expenditure)</b>	7	2,650,201	876,033	3,526,235	1,279,653
Other recognised gains/(losses)		-	-	-	-
<b>Net movement in funds</b>		2,650,201	876,033	3,526,235	1,279,653
Funds brought forward		6,039,071	2,066,482	8,105,553	6,825,900
Funds at 31 March 2021		8,689,272	2,942,515	11,631,788	8,105,553

The notes on pages 38 – 58 form part of these financial statements  
The statement of financial activities includes all gains and losses recognised in the year.  
All amounts derive from continuing activities.  
Full comparative figures for the year ended 31 March 2020 are shown in note 25.

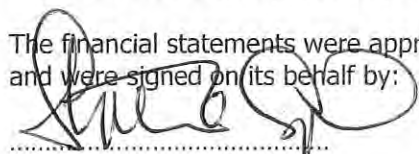
**RENNIE GROVE HOSPICE CARE  
CONSOLIDATED AND CHARITY BALANCE SHEETS  
AS AT 31 MARCH 2021**

**Company number 7479930**

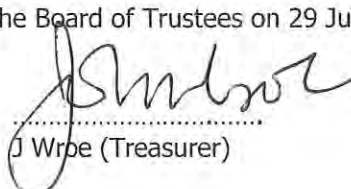
		<b>Group</b>		<b>Charity</b>	
	<b>Notes</b>	<b>2021 £</b>	<b>2020 £</b>	<b>2021 £</b>	<b>2020 £</b>
<b>FIXED ASSETS</b>					
Intangible fixed assets	11	100,000	200,000	100,000	200,000
Tangible fixed assets	12	2,642,165	2,567,461	2,101,454	2,020,158
Investments	13	2,796,198	2,359,925	2,796,200	2,359,927
		<u>5,538,363</u>	<u>5,127,386</u>	<u>4,997,654</u>	<u>4,580,085</u>
<b>CURRENT ASSETS</b>					
Stock	14	51,000	50,181	-	-
Debtors	15	2,951,974	2,611,697	2,999,427	2,706,143
Cash at bank and in hand		4,903,656	1,774,330	4,840,829	1,707,007
		<u>7,906,630</u>	<u>4,436,208</u>	<u>7,840,256</u>	<u>4,413,150</u>
<b>CURRENT LIABILITIES</b>					
<b>CREDITORS: amounts falling due within one year</b>	16a	(1,063,205)	(1,458,041)	(1,059,245)	(1,452,959)
<b>NET CURRENT ASSETS</b>		<u>6,843,425</u>	<u>2,978,167</u>	<u>6,781,011</u>	<u>2,960,191</u>
<b>Total assets less current liabilities</b>		<u>12,381,788</u>	<u>8,105,553</u>	<u>11,778,665</u>	<u>7,540,276</u>
<b>CREDITORS: amounts falling due after more than one year</b>	16b	(750,000)	-	(750,000)	-
<b>Net Assets</b>		<u>11,631,788</u>	<u>8,105,553</u>	<u>11,028,665</u>	<u>7,540,277</u>
<b>FUNDS</b>					
<b>UNRESTRICTED FUNDS</b>					
General fund		8,539,172	5,795,412	8,476,761	5,777,438
Designated funds					
- Equipment		150,101	243,659	150,101	243,659
- IT project		-	-	-	-
	18	<u>8,689,273</u>	<u>6,039,071</u>	<u>8,626,862</u>	<u>6,021,097</u>
<b>RESTRICTED FUNDS</b>	18	<u>2,942,515</u>	<u>2,066,482</u>	<u>2,401,803</u>	<u>1,519,179</u>
<b>TOTAL FUNDS</b>	18	<u>11,631,788</u>	<u>8,105,553</u>	<u>11,028,665</u>	<u>7,540,276</u>

The profit for the group for the year was £3,526,235 (2020: £1,279,653).

The financial statements were approved and authorised for issue by the Board of Trustees on 29 July 2021 and were signed on its behalf by:



S Spiro (Chairman)



J Wroe (Treasurer)

The notes on pages 38 to 58 form part of these financial statements.

**RENNIE GROVE HOSPICE CARE**  
**CONSOLIDATED CASH FLOW STATEMENT**  
**FOR THE YEAR ENDED 31 MARCH 2021**

	Notes	2021 £	2020 £
<b>Cash flows from operating activities</b>	24	2,559,918	764,429
<b>Cash flows from investing activities</b>			
Interest received		439	4,873
Dividends received		9,737	10,737
Proceeds from sale of PPE		-	9,774
Purchase of tangible fixed assets		(196,640)	(787,489)
Purchase of investments		-	(14,877)
Proceeds from sale of investments		5,873	4,896
<b>Cash provided by/(used in) investing activities</b>		(180,593)	(772,086)
<b>Cash flows from financing activities</b>			
Proceeds from loan		750,000	-
<b>Increase (decrease) in cash and cash equivalents in the year</b>		3,129,326	(7,657)
Cash and cash equivalents at the beginning of the year		1,774,330	1,781,987
<b>TOTAL CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>		4,903,656	1,774,330

**Analysis of movements in net cash**

	2020 £	Cash Flows £	New Borrowing £	2021 £
Cash at bank	1,774,330	3,129,326	-	4,903,656
Loan	-	-	(750,000)	(750,000)
<b>Total</b>	<b>1,774,330</b>	<b>3,129,326</b>	<b>(750,000)</b>	<b>4,153,656</b>

**RENNIE GROVE HOSPICE CARE  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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**1. ACCOUNTING POLICIES**

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

**Statement of Compliance**

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006. Rennie Grove Hospice Care meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

**General information**

The charity is a private company limited by guarantee without share capital, incorporated in England and Wales (company number: 7479930) and a charity registered in England and Wales (charity number: 1140386). The charity's registered address is Grove House, Waverley Road, St Albans, Hertfordshire AL3 5QX.

**Preparation of accounts on a going concern basis**

The Trustees have considered the impact of COVID-19 to the charity. Further information can be found in the Trustee report section titled Financial Sustainability and Going Concern. The review of our financial position, reserves levels and future plans gives Trustees confidence the charity remains a going concern for the foreseeable future. As part of this review budgets for the year to 31 March 2022 and cash flow projections to 31 March 2023 prepared by management have been assessed by the Trustees. The Trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern.

**Group financial statements**

The consolidated financial statements incorporate those of Rennie Grove Hospice Care and its subsidiary undertakings St Albans and Dacorum Day Hospice, Iain Rennie Hospice at Home and Iain Rennie Hospice Services Limited for the year ended 31 March 2021. Details of the individual subsidiary results are given in note 20. As permitted by section 408 of the Companies Act 2006, the SOFA of the parent company is not presented as part of these financial statements. The surplus of the parent company was £3,526,235 (2020: £1,279,653).

**Income recognition**

All income is recognised once the charity has entitlement to income, it is probable that income will be received and the amount of income receivable can be measured reliably.

**Donations and legacies**

Donations and gifts are included in full in the Statement of Financial Activities when there is entitlement, probability of receipt and the amount of income receivable can be measured reliably.

Donations are accounted for on a received basis. Legacies are recognised on a receivable basis, when the conditions of entitlement, probability and measurement are met. Where the probability and/or measurement criteria for legacies and donations are not satisfied as at the balance sheet date but subsequent events resolve the uncertainty such that the criteria are met, an adjustment is made to recognise the income.

**Gifts in kind**

Gifts in kind represent assets donated for distribution or use by the charity. Assets given for distribution are recognised as income only when distributed. Assets given for use by the charity are recognised when receivable. Gifts in kind are valued at the amount actually realised from the disposal of the assets or at the price the charity would otherwise have paid for the assets.

**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

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**1. ACCOUNTING POLICIES (continued)**

**Grants**

Grants, including government grants are recognised in full in the statement of financial activities in the year in which the charity has entitlement to the income, the amount of income receivable can be measured reliably and there is probability of receipt.

**Income from charitable activities**

Income from charitable activities is recognised as earned as the related services are provided. Income from other trading activities is recognised as earned as the related goods are provided. Activities for generating funds are goods donated for sale through the Charity's shops. Goods donated for sale are included in the financial statements as income when they are sold.

**Investment income**

Investment income is recognised on a receivable basis once the amounts can be measured reliably.

**Expenditure**

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprises of the costs associated with attracting voluntary income and the costs of events and the administration of the Charity shops, as well as the management costs for the investment portfolio.
- Expenditure on charitable activities comprises those costs incurred by the Charity in the delivery of its activities and services to its beneficiaries.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned based on staff time attributable to each activity.

**Allocation of costs**

Staff costs are allocated between direct charitable expenditure and support costs based on the time spent on these activities. Other costs are allocated based on headcount.

**Operating leases**

Rental charges are charged on a straight line basis over the life of the lease.

**Goodwill**

Goodwill is calculated as the difference between the acquisition cost of an entity and the aggregate fair value of that entity's assets and liabilities. Goodwill is amortised on a straight line basis over its useful life.

**Investments**

Investments are a form of basic financial instrument and are initially shown in the financial statements at market value. Movements in the market values of investments are shown as unrealised gains and losses in the Statement of Financial Activities.

Profits and losses on the realisation of investments are shown as realised gains and losses in the Statement of Financial Activities. Realised gains and losses on investments are calculated as the difference between sales proceeds and their opening carrying values or their purchase value if acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between



**RENNIE GROVE HOSPICE CARE  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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**1. ACCOUNTING POLICIES (continued)**

the fair value at year end and their carrying value. Realised and unrealised investment gains and losses are combined in the Statement of Financial Activities.

**Fixed assets**

Fixed assets are stated at cost or deemed cost (donated valuation at estimated fair value) less accumulated depreciation and impairment losses. Assets costing more than £5,000 are capitalised.

Depreciation is calculated to write off the costs of the fixed asset by equal instalments as follows, all straight line:

Freehold land	0%
Freehold buildings	over 50 years from the date of first use
Leasehold property	over the term of the lease
Leasehold improvements	over the term of the lease
Motor vehicles	25% - 33% straight line
Fixtures and fittings	20% straight line
Tools and equipment	25% - 33% straight line
Car park	over 10 years from the date of first use

**Financial instruments**

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest rate method.

**Creditors and provisions**

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due

**Stock**

Stocks are valued at the lower of cost and net realisable value. Net realisable value is based upon estimated selling price less further costs expected to be incurred to completion and disposal. Provision is made for obsolete and slow-moving items.

The trustees have concluded and agreed that the valuing of shops donated goods for resale on receipt is impractical due to the high volume of low value items, lack of stock system for recording these items and the administrative cost involved. Instead, the income is recognised in the accounts when these goods are sold.

**Debtors**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

**Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

**RENNIE GROVE HOSPICE CARE  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

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**1. ACCOUNTING POLICIES (continued)**

**Funds**

The general fund comprises the accumulated surpluses of unrestricted incoming resources over resources expended, which are available for use in furtherance of the general objective of the Charity at the discretion of the Trustees. To the extent that general funds are expended on capital items, a transfer is made to the fixed asset fund.

Restricted funds are funds subject to specific conditions imposed by donors. The purpose and use of the restricted funds are set out in the notes to the accounts. Amounts unspent at the year-end are carried forward in the balance sheet.

To the extent that restricted funds are expended on capital items a transfer is made between unrestricted and restricted reserves.

Designated funds are unrestricted funds earmarked by the Trustees for spending on new hospice projects.

**Employee benefits**

- **Short term benefits**

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

- **Employee termination benefits**

Termination benefits are accounted for on an accrual basis and in line with FRS 102.

- **Pension scheme**

The charitable company operates a defined contribution pension scheme. The charitable company also contributes to the NHS pension scheme. Charges are made to the Statement of Financial Activities as contributions fall due. More details are given in note 17.

**Estimates and judgements**

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results ultimately differ from those estimates. The Trustees consider the evaluation of the useful economic life of fixed assets to be the area of judgement with the most significant effect on the financial statements. Further details on these judgements are provided in the relevant section above.

**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**2. ANALYSIS OF INCOME (2021)**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total 2021 £</b>
Legacies	1,213,234	50,000	1,263,234
Donations	2,091,978	410,720	2,502,698
<b>Total legacies and donations</b>	<b>3,305,212</b>	<b>460,720</b>	<b>3,765,932</b>
Events	486,440	4,670	491,110
Trading	830,008	-	830,008
<b>Total trading and fundraising</b>	<b>1,316,448</b>	<b>4,670</b>	<b>1,321,118</b>
Investment income receivable	429	-	429
Interest receivable	439	9,308	9,747
<b>Total investment income</b>	<b>868</b>	<b>9,308</b>	<b>10,176</b>
<b>Income from donations, legacies, trading, fundraising &amp; investments</b>	<b>4,622,527</b>	<b>474,699</b>	<b>5,097,226</b>

**ANALYSIS OF INCOME (2020)**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total 2020 £</b>
Legacies	1,056,011	-	1,056,011
Donations	1,525,053	646,818	2,171,871
<b>Total legacies and donations</b>	<b>2,581,064</b>	<b>646,818</b>	<b>3,227,882</b>
Events	605,944	3,950	609,894
Trading	3,279,412	-	3,279,412
<b>Total trading and fundraising</b>	<b>3,885,356</b>	<b>3,950</b>	<b>3,889,306</b>
Investment income receivable	1,429	-	1,429
Interest receivable	4,873	9,308	14,181
<b>Total investment income</b>	<b>6,302</b>	<b>9,308</b>	<b>15,610</b>
<b>Income from donations, legacies, trading, fundraising &amp; investments</b>	<b>6,472,722</b>	<b>660,076</b>	<b>7,132,798</b>

**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**3. INCOME FROM CHARITABLE ACTIVITIES (2021)**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total 2021 £</b>
NHS funding from CCGs	998,707	-	998,707
Rapid Personalised Care	1,153,620	-	1,153,620
Pepper Foundation/ NHS England	-	325,730	325,730
COVID grant funding through Hospice UK	-	2,729,515	2,729,515
	<u>2,152,327</u>	<u>3,055,245</u>	<u>5,207,572</u>

**INCOME FROM CHARITABLE ACTIVITIES (2020)**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total 2020 £</b>
NHS funding from CCGs	1,042,574	-	1,042,574
Rapid Personalised Care	2,165,914	-	2,165,914
Pepper Foundation/ NHS England	-	346,744	346,744
	<u>3,208,488</u>	<u>346,744</u>	<u>3,555,232</u>

**4. OTHER INCOME (2021)**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total 2021 £</b>
Hospice Lottery Partnership	435,704	-	435,704
Business Continuity Insurance Claim	353,654	-	353,654
Council Grant Covid 19	338,429	-	338,429
Furlough Covid 19	417,427	-	417,427
Other Income	11,472	-	11,472
	<u>1,556,686</u>	<u>-</u>	<u>1,556,686</u>

**OTHER INCOME (2020)**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total 2020 £</b>
Small Business Rates Relief	460,000	-	460,000
Hospice Lottery Partnership	450,000	-	450,000
Other	12,709	-	12,709
	<u>922,709</u>	<u>-</u>	<u>922,709</u>



**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**5. EXPENDITURE (2021)**

	<b>Direct staff costs</b>	<b>Direct other costs</b>	<b>Allocated support costs</b>	<b>Total 2021</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Costs of raising donations and Legacies	591,917	130,812	118,777	841,506
Costs of trading and fundraising	994,564	1,035,115	267,248	2,296,927
Charitable activities				
Patient care	4,707,634	420,587	510,741	5,638,962
	<u>6,294,115</u>	<u>1,586,514</u>	<u>896,766</u>	<u>8,777,395</u>
	=====	=====	=====	=====

Included in the allocated support costs above are staff costs of £626,193 (2020; £593,571). Included in the Direct other Patient care costs are £1,175,905 related to Rapid Personalised Care. (2020; £1,870,570).

**EXPENDITURE (2020)**

	<b>Direct staff costs</b>	<b>Direct other costs</b>	<b>Allocated support costs</b>	<b>Total 2020</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Costs of raising donations and legacies	601,348	195,127	133,087	929,562
Costs of trading and fundraising	1,107,265	1,417,936	284,322	2,809,523
Charitable activities				
Patient care	5,483,309	435,754	483,953	6,403,016
	<u>7,191,922</u>	<u>2,048,817</u>	<u>901,362</u>	<u>10,142,101</u>
	=====	=====	=====	=====

Included in the allocated support costs above are staff costs of £593,571 (2019; £554,851). Included in the Direct other Patient care costs are £1,870,570 related to the Rapid Personalised Care pilot. (2019; £441,279).

**6. ANALYSIS OF SUPPORT COSTS (2021)**

	<b>Management</b>	<b>Finance</b>	<b>Resources</b>	<b>Governance</b>	<b>2021 Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Costs of raising donations and legacies	18,459	27,474	69,692	5,250	120,875
Costs of trading and fundraising	40,442	60,196	152,696	11,503	264,837
Charitable activities					
Patient care	78,042	116,160	294,656	22,196	511,054
	<u>136,943</u>	<u>203,830</u>	<u>517,044</u>	<u>38,949</u>	<u>896,766</u>
	=====	=====	=====	=====	=====

Resources include costs of IT and premises.

**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**ANALYSIS OF SUPPORT COSTS (2020)**

	<b>Management</b>	<b>Finance</b>	<b>Resources</b>	<b>Governance</b>	<b>2020</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>Total</b>
					<b>£</b>
Costs of raising donations and legacies	20,361	28,717	74,832	7,702	131,612
Costs of trading and fundraising	43,965	62,007	161,583	16,631	284,186
Charitable activities					
Patient care	75,119	105,946	276,082	28,417	485,564
	<u>139,445</u>	<u>196,670</u>	<u>512,497</u>	<u>52,750</u>	<u>901,362</u>
	=====	=====	=====	=====	=====

**GOVERNANCE COSTS INCLUDE**

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
Insurance	9,898	11,957
Legal fees	-	-
Professional fees	6,901	19,953
Other expenses	-	-
Auditor's remuneration:		-
Audit work	18,950	18,050
Other services	3,200	2,790
	<u>38,949</u>	<u>52,750</u>
	=====	=====

**7. NET INCOME**

	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>
Net income is stated after:		
Auditors' remuneration		
- Audit services	18,950	18,050
- Other services	3,200	2,790
Operating lease rentals		
- Land and buildings	586,991	681,292
Depreciation	121,937	135,345
Amortisation	100,000	100,000
	<u>=====</u>	<u>=====</u>

**8. STAFF COSTS**

	<b>2021</b>	<b>2020</b>
	<b>Number</b>	<b>Number</b>
The average monthly number of employees for the charity and the group during the year was:		
Direct charitable work	86	80
Fundraising – donations and legacies	20	22
Fundraising – trading (shop staff)	44	46
Fundraising - events	1	1
Management and administration	16	15
	<u>167</u>	<u>164</u>

**RENNIE GROVE HOSPICE CARE**  
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Employment costs in respect of the staff above were:	<b>2021</b> <b>£</b>	<b>2020</b> <b>£</b>
Wages and salaries	5,134,462	4,919,588
National insurance	421,590	416,795
Pensions	275,265	276,547
Other costs	223,809	307,651
	<u>6,055,126</u>	<u>5,920,581</u>

Redundancy Costs; following an internal restructure of the Retail & Trading, Fundraising and Nursing & Clinical Services teams; six roles were made redundant resulting in 4 staff leaving and two staff finding new roles internally. £17,326 was paid in redundancy pay during the year (2020: £1,515).

**8. STAFF COSTS (continued)**

The number of employees whose emoluments, excluding pension contributions and employers' national insurance contributions, were over £60,000 during the year was:

	<b>2021</b> <b>Number</b>	<b>2020</b> <b>Number</b>
£60,001- £70,000	1	1
£80,001 to £90,000	1	1
	<u>=====</u>	<u>=====</u>

During the year pension contributions for the two employees noted above amounted to £10,445 (2020: £9,238).

The total employee benefits of the key management personnel of the Group and Charity were £507,467 (2020: £502,499).

**9. TRUSTEE REMUNERATION**

The Trustees did not receive any remuneration during the year (2020: nil). The Trustees were not reimbursed any travel costs during the year (2020: £nil).

**10. TAXATION**

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purpose.

**RENNIE GROVE HOSPICE CARE**  
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11. INTANGIBLE FIXED ASSETS (GROUP AND CHARITY)	Goodwill £ 2021
<b>Cost</b>	
At 1 April 2020	500,000
Additions	-
	<hr/>
At 31 March 2021	500,000
	<hr/>
<b>Amortisation</b>	
At 1 April 2020	300,000
Charge for the year	100,000
	<hr/>
At 31 March 2021	400,000
	<hr/>
<b>Net book value</b>	
At 31 March 2021	100,000
	<hr/>
At 31 March 2020	200,000
	<hr/> <hr/>



**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
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**12. TANGIBLE FIXED ASSETS**

	Land and buildings £	Leasehold improve- ments £	Fixtures and fittings £	Tools and equipment £	Motor vehicles £	Work in progress £	Total £
<b>Group:</b>							
<b>Cost</b>							
At 1 April 2020	2,050,942	301,129	231,677	362,569	52,436	718,880	3,717,633
Additions	196,640	-	-	-	-	-	196,640
Disposals	-	-	-	-	-	-	-
Transfer	718,880	-	-	-	-	(718,880)	-
<b>At 31 March 2021</b>	<b>2,966,462</b>	<b>301,129</b>	<b>231,677</b>	<b>362,569</b>	<b>52,436</b>	<b>-</b>	<b>3,914,273</b>
<b>Depreciation</b>							
At 1 April 2020	446,020	237,782	156,200	281,923	28,247	-	1,150,172
Charge for the year	28,380	8,943	33,259	41,034	10,320	-	121,936
Disposals	-	-	-	-	-	-	-
<b>At 31 March 2021</b>	<b>474,400</b>	<b>246,725</b>	<b>189,459</b>	<b>322,957</b>	<b>38,568</b>	<b>-</b>	<b>1,272,108</b>
<b>Net book value</b>							
At 31 March 2021	2,492,062	54,404	42,218	39,612	13,869	-	2,642,165
At 31 March 2020	1,604,922	63,347	75,477	80,646	24,190	718,880	2,567,461
<b>Charity:</b>							
<b>Cost</b>							
At 1 April 2020	1,382,341	301,129	231,677	362,569	52,436	718,880	3,049,032
Additions	196,640	-	-	-	-	-	196,640
Disposals	-	-	-	-	-	-	-
Transfer	718,880	-	-	-	-	(718,880)	-
<b>At 31 March 2021</b>	<b>2,297,861</b>	<b>301,129</b>	<b>231,677</b>	<b>362,569</b>	<b>52,436</b>	<b>-</b>	<b>3,245,672</b>
<b>Depreciation</b>							
At 1 April 2020	324,722	237,782	156,200	281,923	28,247	-	1,028,874
Charge for the year	21,787	8,943	33,259	41,034	10,321	-	115,344
Retire Assets	-	-	-	-	-	-	-
<b>At 31 March 2021</b>	<b>346,509</b>	<b>246,725</b>	<b>189,459</b>	<b>322,957</b>	<b>38,568</b>	<b>-</b>	<b>1,144,218</b>
<b>Net book value</b>							
At 31 March 2021	1,951,352	54,404	42,218	39,612	13,868	-	2,101,454
At 31 March 2020	1,057,619	63,347	75,477	80,646	24,189	718,880	2,020,158

**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
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**13. INVESTMENTS**

	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
Listed investments	2,537,391	2,101,118	2,537,391	2,101,118
Unlisted investments	258,807	258,807	258,809	258,809
	<u>2,796,198</u>	<u>2,359,925</u>	<u>2,796,200</u>	<u>2,359,927</u>

<b>Listed investments (Group only):</b>	<b>Group 2021 £</b>	<b>Group 2020 £</b>
<b>Market valuation</b>		
At 1 April	2,101,117	2,289,895
Additions	-	14,877
Disposals	(5,874)	(4,559)
Gains/(losses) on investments	442,146	(199,096)
At 31 March	<u>2,537,391</u>	<u>2,101,117</u>
Historical cost of listed investments	<u>2,228,594</u>	<u>2,175,934</u>

Listed investments (Group only):

Rennie Grove Hospice Care carried out a review of Investments in 2017-18 which resulted in all existing Investments being sold and the funds invested in the Barclays Charity Investment Fund. Also in 2017-18 Nurses Cottage Trust closed their charity and donated the proceeds to Rennie Grove in the form of 219,015 £1 units in UK Government bonds and a small amount of cash.

**Unlisted investments (Group only):**

At 31 March 2018 Iain Rennie Hospice at Home and St Albans and Dacorum Day Hospice each owned 14 shares of £1 nominal value each in The Hospice Lottery Partnership Limited, a company registered in England and Wales carrying out fundraising activity for 6 hospices. The investments are included in the financial statements at cost.

On 16<sup>th</sup> October 2018, HLP and all shareholders signed a new Shareholder agreement. Iain Rennie Hospice at Home and St Albans and Dacorum Day Hospice shares were transferred to Rennie Grove Hospice Care on this date at cost.

Each participating hospice has a representative on The Hospice Lottery Partnership board. During the year to 31 March 2021 The Hospice Lottery Partnership Limited made donations to group companies totalling £435,704 (2020: £450,000). As at 31 March 2021, £60,000 was due to the group from The Hospice Lottery Partnership (2020: £36,150).

**RENNIE GROVE HOSPICE CARE**  
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<b>14. STOCK</b>	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
Bought in goods for resale	51,000	50,181	-	-
	=====	=====	=====	=====
<b>15. DEBTORS</b>	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
Trade debtors	-	1,575	-	1,575
Income tax recoverable	19,563	67,341	19,563	67,341
Prepayments and accrued legacy income	2,932,119	2,328,247	2,932,119	2,328,247
Other debtors	292	214,534	290	214,531
Intercompany debtors	-	-	47,455	94,449
	=====	=====	=====	=====
	2,951,974	2,611,697	2,999,427	2,706,143
	=====	=====	=====	=====
<b>16a. CREDITORS: amounts falling due within one year</b>	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
Trade creditors	181,637	220,142	179,327	219,551
Taxation and social security	26,961	105,576	26,811	102,585
Pensions	51,218	48,950	51,218	48,950
Accruals and deferred income	803,240	1,083,373	801,740	1,081,873
Other creditors	149	-	149	-
	=====	=====	=====	=====
	1,063,205	1,458,041	1,059,245	1,452,959
	=====	=====	=====	=====

Accruals and deferred income includes deferred income as follows:

	<b>Group &amp; Charity 2021 £</b>	<b>Group &amp; Charity 2020 £</b>
At 1 April 2020	101,539	50,714
Amounts deferred in the year	434,285	101,539
Amounts released in the year	(101,539)	(50,714)
	=====	=====
At 31 March 2021	434,285	101,539
	=====	=====

**RENNIE GROVE HOSPICE CARE**  
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<b>16b. CREDITORS: amounts falling due After more than one year</b>	<b>Group 2021 £</b>	<b>Group 2020 £</b>	<b>Charity 2021 £</b>	<b>Charity 2020 £</b>
Barclays Loan	750,000	-	750,000	-
	<u>750,000</u>	<u>-</u>	<u>750,000</u>	<u>-</u>
	=====	=====	=====	=====

Rennie Grove Hospice Care was successful in its loan application to Barclays for a £750k loan to cover working capital requirements from the Coronavirus Business Interruption Loan Scheme (CBILS).

This scheme is backed by the British Government and no interest is payable in the first 12 months of the loan. The loan was drawn down on the 30th September 2020.

The loan is for a period of 5 years and monthly repayments commence after the year end of the first 12 months capital repayment holiday. The interest rate is variable, varying by reference to the Bank of England rate with a fixed rate margin. The loan can be repaid in full during the 5 year term.

## **17. PENSION COMMITMENTS**

The Charity contributed to three pension schemes during the year on behalf of its employees.

- The NHS Pension Scheme
- The Pensions Trust Growth Plan
- The Standard Life defined contribution scheme

Contributions to each scheme are charged to the Statement of Financial Activities as they arise.

**The NHS Pension Scheme** is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies allowed under the direction of the Secretary of State in England and Wales. As a consequence it is not possible for the Charity to identify its share of the assets and liabilities of the underlying scheme.

NHS Resource Accounts are published on the NHS Pensions website annually and include the report from the scheme actuary. The Charity adopts the employer contribution rates as recommended for its employees. £13,370 in contributions were outstanding at 31 March 2021 (2020: £12,652).

**The Pensions Trust Growth Plan** is a money purchase scheme with guaranteed benefits which is closed to new members. This is a multi-employer scheme and as it is not possible to identify the Charity's share of underlying assets and liabilities, the scheme is accounted for as a defined contribution scheme and contributions are accounted for as they fall due. A ten year deficit reduction plan has been agreed, into which the Charity pays a sum of £44 per annum. The most recent estimate as at 30 September 2020 shows that a liability of £43,128 (2019: £49,627) would arise if the Charity withdrew from the scheme. There is no plan to leave the scheme therefore this liability has not been provided for in the financial statements. £1,123 in pension contributions were outstanding at 31 March 2021 (2020: £1,349).

**The Standard Life scheme** covers both the defined contribution and auto enrolment.

The Standard Life defined contribution scheme had £Nil in pension contributions outstanding at 31 March 2021 (2020: £Nil). The Standard Life auto-enrolment scheme had £36,725 in pension contributions outstanding at 31 March 2021 (2020: £34,903).



**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
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**18. RESERVES 2021**

	<b>At 1 April 2020 £</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>Gains, Losses and Transfers £</b>	<b>At 31 March 2021 £</b>
<b>Group:</b>					
<b>Unrestricted funds</b>					
General fund	5,782,209	8,242,206	(5,090,754)	(452,131)	8,481,530
Designated fixed asset fund	243,659	-	(1,009,078)	915,520	150,101
Designated equipment fund	-	-	-	-	-
Iain Rennie Hospice Services	13,203	89,335	(44,896)	-	57,642
	<u>6,039,071</u>	<u>8,331,541</u>	<u>(6,144,728)</u>	<u>463,389</u>	<u>8,689,273</u>
<b>Restricted funds</b>					
Property fund	1,604,922	-	887,140	-	2,492,062
Other Restricted Funds – fixed assets	-	-	-	-	-
Pepper Foundation	-	325,730	(325,730)	-	-
COVID grant funding through Hospice UK	-	2,729,515	(2,729,515)	-	-
Nurses Cottage Trust	316,041	9,308	(9,308)	(21,243)	294,798
Other restricted funds	145,519	465,390	(455,254)	-	155,655
	<u>2,066,482</u>	<u>3,529,943</u>	<u>(2,632,667)</u>	<u>(21,243)</u>	<u>2,942,515</u>
<b>Total funds</b>	<u>8,105,553</u>	<u>11,861,484</u>	<u>(8,777,395)</u>	<u>442,146</u>	<u>11,631,788</u>
<b>Charity:</b>					
<b>Unrestricted funds</b>					
General fund	5,777,438	8,231,861	(5,080,407)	(452,131)	8,476,761
Designated fixed asset fund	243,659	-	(1,009,078)	915,520	150,101
Designated equipment fund	-	-	-	-	-
	<u>6,021,097</u>	<u>8,231,861</u>	<u>(6,089,485)</u>	<u>463,389</u>	<u>8,626,862</u>
<b>Restricted funds</b>					
Pepper Foundation	-	325,730	(325,730)	-	-
COVID grant funding through Hospice UK	-	2,729,515	(2,729,515)	-	-
Property fund	1,057,621	-	893,731	-	1,951,352
Nurses Cottage Fund	316,041	9,308	(9,308)	(21,243)	294,798
Other restricted funds	145,517	465,390	(455,254)	-	155,653
	<u>1,519,179</u>	<u>3,529,943</u>	<u>(2,626,076)</u>	<u>(21,243)</u>	<u>2,401,803</u>
<b>Total funds</b>	<u>7,540,276</u>	<u>11,761,804</u>	<u>(8,715,561)</u>	<u>442,146</u>	<u>11,028,665</u>

**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
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**RESERVES 2020 – PRIOR YEAR COMPARATIVE**

**18. RESERVES 2020**

	<b>At 1 April 2019 £</b>	<b>Income £</b>	<b>Expenditure £</b>	<b>Gains, Losses and Transfers £</b>	<b>At 31 March 2020 £</b>
<b>Group:</b>					
<b>Unrestricted funds</b>					
General fund	4,437,279	10,443,394	(8,824,227)	(274,237)	5,782,209
Designated fixed asset fund	287,520	-	(112,469)	68,608	243,659
Designated equipment fund	2,245	-	(2,245)	-	-
Iain Rennie Hospice Services	13,203	160,525	(160,525)	-	13,203
	<u>4,740,247</u>	<u>10,603,919</u>	<u>(9,099,466)</u>	<u>(205,629)</u>	<u>6,039,071</u>
<b>Restricted funds</b>					
Property fund	1,625,553	-	(20,631)	-	1,604,922
Pepper Foundation	-	346,744	(346,744)	-	-
Nurses Cottage Trust	299,397	9,308	(9,308)	16,644	316,041
Other restricted funds	160,703	650,768	(665,952)	-	145,519
	<u>2,085,653</u>	<u>1,006,820</u>	<u>(1,042,635)</u>	<u>16,644</u>	<u>2,066,482</u>
<b>Total funds</b>	<u>6,825,900</u>	<u>11,610,739</u>	<u>(10,142,101)</u>	<u>(188,985)</u>	<u>8,105,553</u>
	=====	=====	=====	=====	=====
<b>Charity:</b>					
<b>Unrestricted funds</b>					
General fund	4,409,739	10,542,034	(8,900,098)	(274,237)	5,777,438
Designated fixed asset fund	287,520	-	(112,469)	68,608	243,659
Designated equipment fund	2,245	-	(2,245)	-	-
	<u>4,699,504</u>	<u>10,542,034</u>	<u>(9,014,812)</u>	<u>(205,629)</u>	<u>6,021,097</u>
<b>Restricted funds</b>					
Property fund	1,085,700	346,744	(346,744)	-	1,085,700
Other fixed assets	(14,039)	-	(14,040)	-	(28,079)
Nurses Cottage Fund	299,397	9,308	(9,308)	16,644	316,041
Other restricted funds	160,702	650,767	(665,952)	-	145,517
	<u>1,531,760</u>	<u>1,006,819</u>	<u>(1,036,044)</u>	<u>16,644</u>	<u>1,519,179</u>
<b>Total funds</b>	<u>6,231,264</u>	<u>11,548,853</u>	<u>(10,050,856)</u>	<u>(188,985)</u>	<u>7,540,276</u>
	=====	=====	=====	=====	=====

**18. RESERVES (continued)**

**Restricted Funds**

**Property Fund**

The property fund represents the net book value of Gillian King House, a freehold property purchased through a gift from a trust in November 2002 to accommodate the nursing and support teams operating in the South Bucks area, and the Grove House premises, which is a leasehold property, subject to a lease from the Department of Health for 99 years from 1991. The construction and subsequent extensions of the premises have been financed mainly from grants and donations made for these specific purposes.

**The Pepper Foundation**

The Pepper Foundation and Department of Health funds are received towards the salaries and expenses of the paediatric Hospice at Home team and the family support services.

**Nurses Cottage Fund**

In May 2018, Rennie Grove Hospice Care received a donation from The Nurses Cottage Fund consisting of Treasury Stock and Cash totalling £241,614. The trustees have approved the expenditure of cash and earned interest on clinical care in the Great Missenden and Prestwood areas.

**Other Restricted Funds**

Other restricted funds consist of smaller grants and donations given for specific purposes or projects.

**Designated funds**

The Fixed Asset Fund represents the net book value of fixed assets other than property.

The Equipment Fund represents commitments made at the year-end towards the purchase and installation of electronic tills and equipment.

**Transfers**

During the year £915,520 (2020: £68,606) was transferred from general reserves to designated fixed asset fund to reallocate capital expenditure. During the year £nil (2020: £Nil) was transferred from general reserves to restricted reserves to reallocate expenditure unallocated in previous years. In 2021, £Nil (2020: £Nil) of expenditure on the fixed assets was transferred from restricted to unrestricted.

**RENNIE GROVE HOSPICE CARE**  
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**19. ANALYSIS OF NET ASSETS BY FUND (2021)**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total £</b>
<b>Group:</b>			
Intangible fixed assets	100,000	-	100,000
Tangible fixed assets	150,101	2,492,064	2,642,165
Investments	2,501,402	294,796	2,796,198
Other net assets	5,937,770	155,655	6,093,425
<b>Total net assets</b>	<b>8,689,273</b>	<b>2,942,515</b>	<b>11,631,788</b>
	=====	=====	=====
<b>Charity:</b>			
Intangible fixed assets	100,000	-	100,000
Tangible fixed assets	150,101	1,951,353	2,101,454
Investments	2,501,404	294,796	2,796,200
Other net assets	5,875,356	155,655	6,031,011
<b>Total net assets</b>	<b>8,626,862</b>	<b>2,401,803</b>	<b>11,028,665</b>
	=====	=====	=====

**ANALYSIS OF NET ASSETS BY FUND (2020)**

	<b>Unrestricted funds £</b>	<b>Restricted funds £</b>	<b>Total £</b>
<b>Group:</b>			
Intangible fixed assets	200,000	-	200,000
Tangible fixed assets	962,538	1,604,923	2,567,461
Investments	2,043,884	316,041	2,359,925
Other net assets	2,832,648	145,518	2,978,166
<b>Total net assets</b>	<b>6,039,070</b>	<b>2,066,482</b>	<b>8,105,552</b>
	=====	=====	=====
<b>Charity:</b>			
Intangible fixed assets	200,000	-	200,000
Tangible fixed assets	962,538	1,057,620	2,020,158
Investments	2,043,886	316,041	2,359,927
Other net assets	2,814,673	145,518	2,960,191
<b>Total net assets</b>	<b>6,021,097</b>	<b>1,519,179</b>	<b>7,540,276</b>
	=====	=====	=====

**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
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**20. SUBSIDIARY COMPANIES**

The charitable company owns 100% of the share capital of three subsidiaries, which are all incorporated in England and Wales. The results for the year to 31 March 2021 and the assets and liabilities at this date are included within the consolidated financial statements.

	Income £	Expenditure £	Net funds £
St Albans and Dacorum Day Hospice	-	-	4,772
Iain Rennie Hospice at Home	-	6,591	540,711
Iain Rennie Hospice Services	89,335	55,243	57,642
	=====	=====	=====

**21. RELATED PARTY TRANSACTIONS**

The charitable company has three subsidiaries, detailed in note 20 above. During the year, St Albans and Dacorum Day Hospice, Iain Rennie Hospice at Home and Iain Rennie Hospice Services made donations to the charitable company of £Nil (2020: £9,774), £Nil (2020: £Nil) and £34,092 (2020: £88,864) respectively.

At 31 March 2021 St Albans and Dacorum Day Hospice was due £Nil from the charitable company (2020: £Nil), Iain Rennie Hospice at Home was due £Nil from the charitable company (2020: Nil) and Iain Rennie Hospice Services was due £34,092 from the charitable company (2020: £88,864).

There were no other related party transactions in the current or prior year.

**22. FINANCIAL COMMITMENTS**

As at 31 March 2021 the Charity and group was committed to making the following payments under non-cancellable operating leases:

	Land and buildings 2021 £	2020 £
Expiry date:		
Within one year	665,906	666,395
Between one and two years	574,446	622,336
Between two and five years	1,005,616	1,197,963
In over five years	670,286	892,689
	=====	=====
	2,916,254	3,379,383



**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
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**23. FINANCIAL INSTRUMENTS**

<b>GROUP:</b>	<b>2021</b> <b>£</b>	<b>2020</b> <b>£</b>
Financial assets at amortised cost	4,966,774	1,990,437
Financial liabilities at amortised cost	235,315	269,092
Financial assets at fair value	2,537,391	2,101,117
Equity instrument at cost less impairment	258,806	258,806
<b>CHARITY:</b>		
Financial assets at amortised cost	4,903,948	1,923,114
Financial liabilities at amortised cost	199,150	179,638
Financial asset at fair value	2,537,391	2,101,117
Equity instrument at cost less impairment	258,808	258,808

**24. NOTES TO THE CASHFLOW STATEMENT**

	<b>2021</b> <b>£</b>	<b>2020</b> <b>£</b>
<b>Reconciliation of changes in resources to net cash inflow/(outflow) from operating activities</b>		
Net income for reporting period	3,526,235	1,279,653
Depreciation of tangible fixed assets	121,936	135,345
Amortisation of intangible fixed assets	100,000	100,000
(Gains)/Losses on investments	(441,968)	199,096
Interest received	(439)	(4,873)
Dividends received	(9,737)	(10,737)
Realised (Gains)/Loss	(176)	(10,110)
(Increase)/Decrease in stock	(819)	(17,666)
Decrease/(Increase) in debtors	(340,278)	(1,585,655)
(Decrease)/Increase in creditors	(394,836)	679,376
Net cash generated by operating activities	2,559,918	764,429
	=====	=====

**RENNIE GROVE HOSPICE CARE**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 MARCH 2021**

**25. COMPARATIVE CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (2020):**

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2020 £
<b>INCOME FROM:</b>				
<b>Donations and legacies</b>	2	2,581,064	646,818	3,227,882
<b>Charitable activities</b>	3			
NHS funding		1,042,574	-	1,042,574
Rapid Personalised Care		2,165,914	-	2,165,914
Other income from charitable activities		-	346,744	346,744
<b>Other trading activities</b>	2			
Events & community		605,944	3,950	609,894
Retail income		3,279,412	-	3,279,412
<b>Investments</b>		6,302	9,308	15,610
<b>Other</b>	4			
Hospice Lottery Partnership		450,000	-	450,000
Other income		472,709	-	472,709
<b>Total income</b>		10,603,919	1,006,820	11,610,739
<b>EXPENDITURE ON:</b>				
<b>Raising funds</b>	5			
Donations and legacies		929,562	-	929,562
Fundraising activities		2,809,523	-	2,809,523
<b>Charitable activities</b>	5			
Patient care		3,489,811	1,042,635	4,532,446
Rapid Personalised Care		1,870,570		1,870,570
<b>Total expenditure</b>	5	9,099,466	1,042,635	10,142,101
Net gains/(losses) on investments		(205,629)	16,644	(188,985)
<b>Net income/(expenditure)</b>	7	1,298,824	(19,171)	1,279,653
<b>Transfers between funds</b>		-	-	-
<b>Other recognised gains/(losses)</b>		-	-	-
<b>Net movement in funds</b>		1,298,824	(19,171)	1,279,653
Funds brought forward		4,740,247	2,085,653	6,825,900
Funds at 31 March 2020		6,039,071	2,066,482	8,105,553